

www.mass.gov/abcc

LICENSE NUMBER:	134200003		CI	TY OR TO	WN	WEBSTER	
APPLICATION FOR	RENEWAL:	Annu	ıal	LIC	CENS	ED FOR 20)13
		CLA	SS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 200 GOR	Λ	RECREATIO.	N, INC.				
CITY/TOWN: WEB		STATE:	MA	ZIP CODE	₹•	01570	
MANAGER: RUAN		PE OF LICEN					All Alcohol
EMAIL ADDRESS:	-						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS			_
DANCE HALL BLDO KITCHEN,LOUNGE AREA/PICNIC AREA	G. LOUNGE,HALI OUTDOOR PAVI	L,TERRACE A	E BLDG. C	OUTSIDE P.			
I hereby certify and sv	vear under penalties	s of perjury tha	ıt:				
	d license will be of	• •		•			
	e has complied with				ing to	taxes; and	
3. the premise	es are now open for	business (If n	ot explain	below)			
SIGNED BY:	Individual, Partner	or Authorized	l Corporate	e Officer			
DATE:	TELEPHON	IE NUMBER:					TON NUMBER:
				(Note: NO	<u>T</u> Indi	vidual Social S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and tl	he head of	the fire dep	- partn	ent for the	above named
Please Check Below:			I	LOCAL LIC	ENSI	NG AUTHO	ORITY
APPROVED:			F	Ву:			
DISAPPROVED: (If disapproved explain							
(11 disappioved explai	11 <i>)</i>						
			-				
DATE:			-				
APPLICATION FOR RENEW	AL MUST BE FILED BY I	ICENSEES DURIN	G THE MONT	H OF NOVEMB	ER (M.	G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBI	ER: 134200005		CITY	OK TOWN	WEDSIER	-
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	E: KOSCIUSZKO	SOCIETY INC. TH	ΙΕ			
DOING BUSINES	SS A					
ADDRESS DRESS	SER ST.					
CITY/TOWN: W	EBSTER	STATE: N	1A ZII	P CODE:	01570	
	BUCHOWSKI, AVID	TYPE OF LICENSE	:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YO	UR EMAIL ADDF	RESS		1
DESCRIPTION O	F LICENSED PRE	EMISES:				
TWO ROOMS ON FRAME BLDG	V FIRST FLOOR, O	CELLAR FOR STOR	AGE,TERF	RACE OF A	ONE STOR	Y
I hereby certify and	d swear under pena	lties of perjury that:				
1. the rene	ewed license will be	e of the same type for	the same pr	remises now	licensed;	
2. the licer	nsee has complied	with all laws of the C	ommonwea	lth relating to	o taxes; and	
3. the prer	nises are now open	for business (If not e	explain belo	w)		
SIGNED BY:						
	Individual, Par	tner or Authorized C	orporate Of	ficer		
DATE:	TELEPH	HONE NUMBER:		EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(1)	Note: NOT Inc	lividual Social S	ecurity Number)
Acts of 2004, sign	ned by the building	are in possession (1 g inspector and the l uor liability insuran	head of the	fire departs	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	plaın)					
DATE:						
APPLICATION FOR REN	NEWAL MUST BE FILED	BY LICENSEES DURING T	HE MONTH OF	NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134200007		CITY OR TOWN	WEBSTER	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		`	YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 251 REA	A THE CELLAR PUB				
CITY/TOWN: WE	BSTER	STATE: MA	ZIP CODE:	01570	
	EWSKI, TYPE (OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI		IAIL ADDRESS		
3 ROOMS ON FIRS	LICENSED PREMISES T FLOOR, EXIT FRON . 10 ROOMS ON SECO	T OF BLDG TO	EAST MAIN ST. E	XIT REAR O	F BLDG
2. the licens	red license will be of the ee has complied with all ses are now open for bus Individual, Partner or	laws of the Comn siness (If not expla	nonwealth relating to iin below)		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: NOT Ind	IDENTIFICATI	
Acts of 2004, signed	d, attest that we are in d by the building inspec certificate of liquor lial	ctor and the head	e certificate require of the fire departi	ed by Chapte nent for the a	r 304 of the
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	PRITY
DATE:					



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LICENSE NUMBER	C: 134200009		CI	ITY OR TOW	N WEDSIER	L
APPLICATION FOI	R RENEWAL:	Annu	al	LIC	ENSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	TOW. SW. KA	AZIMIERZA KRO	LEWICZA	A, INC.		
DOING BUSINESS	A					
ADDRESS 21 HAR	RIS ST.					
CITY/TOWN: WE	BSTER	STATE:	MA	ZIP CODE:	01570	
	LMACK, HAEL	TYPE OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PRE	EMISES:				
HALL AND ONE R ONE STORY FRAM			AGE LOC	CATED ON T	HE FIRST FLO	OOR OF A
I hereby certify and s	swear under pena	lties of perjury tha	ıt:			
1. the renew	ed license will be	e of the same type	for the sar	ne premises n	ow licensed;	
2. the licens	ee has complied	with all laws of the	e Common	wealth relatin	g to taxes; and	
3. the premi	ses are now open	n for business (If no	ot explain	below)		
SIGNED BY:						
SIGNED D1.	Individual, Par	rtner or Authorized	l Corporat	e Officer		
DATE:	TELEPE	HONE NUMBER:		EMPLO'	YER IDENTIFICAT	TION NUMBER:
	IBBEIT	IOINE INCIVIDEN.		(Note: NOT	Individual Social S	ecurity Number)
We the undersigne Acts of 2004, signed						
license and (2) the	certificate of liq	uor liability insur	ance requ	iired by Cha _l	pter 116 of the	Acts of 2010.
Please Check Below:			J	LOCAL LICE	NSING AUTH	ORITY
APPROVED:]	Ву:		
DISAPPROVED:						
(If disapproved expla	ain)					
DATE:						
APPLICATION FOR RENEV	WAL MUST RE FILED	BY LICENSES DURIN	G THE MONT	TH OF NOVEMBE	R (M G L, Ch. 138 \$ 1	6A)
			1710171			/



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 134200010		CITY OR TOWN	WEBSTER	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		,	YEAR
LICENSEE NA	AME: POLISH AM	IERICAN CITIZENS CLU	JB, INC. OF WEBS	TER MA.	
DOING BUSI	NESS A				
ADDRESS 37	HARRIS ST.				
CITY/TOWN:	WEBSTER	STATE: MA	ZIP CODE:	01570	
MANAGER:	KOVALESKI, JOSEPH	TYPE OF LICENSE: Cl	ub C	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		I
	N OF LICENSED PI				
		O TERRACE OF A ONE A	AND A HALF STO	RY FRAME B	LDG
	•	nalties of perjury that:			
		be of the same type for the	-		
	-	d with all laws of the Com	_	to taxes; and	
3. the	premises are now op	en for business (If not expl	ain below)		
SIGNED BY:					
	Individual, F	Partner or Authorized Corp	orate Officer		
DATE:	TELE	PHONE NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social Se	ecurity Number)
We the under	rsigned, attest that y	we are in possession (1) th	e certificate requi	red by Chapte	er 304 of the
Acts of 2004,	signed by the build	ing inspector and the hea	d of the fire depart	tment for the	above named
license and (2	2) the certificate of l	iquor liability insurance	required by Chapto	er 116 of the A	Acts of 2010.
Please Check Belo	ow:		LOCAL LICEN	SING AUTHO	DRITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134200012	C	ITY OR TOWN	WEBSTER	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: WEBSTER-DUDLEY POS	T AMERICAN	LEGION #184	INC.	
DOING BUSINESS A				
ADDRESS 9 HOUGHTON ST.				
CITY/TOWN: WEBSTER STA	TE: MA	ZIP CODE:	01570	
MANAGER: RALPH M. RICCI TYPE OF L.	ICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND DESCRIPTION OF LICENSED PREMISES:				
THREE ROOMS ON THE FIRST FLOOR, FOUR CELLAR FOR STORAGE OF A TWO STORY F		THE SECOND F	LOOR, BASI	EMENT,
I hereby certify and swear under penalties of perju	ry that:			
1. the renewed license will be of the same	type for the san	me premises now	licensed;	
2. the licensee has complied with all laws	of the Common	nwealth relating t	o taxes; and	
3. the premises are now open for business	(If not explain	below)		
SIGNED BY: Individual, Partner or Author	orized Corporat	e Officer		
DATE: TELEPHONE NUM	BER:		R IDENTIFICAT	
We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability	and the head of	f the fire depart	ment for the	above named
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		Ву:		
DISAPPROVED: (If disapproved explain)				
· ····rr-·····r				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 134200013		CITY OR TO	WN WEDSTER	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MOUSSA FAMI	LY INC.			
DOING BUSINESS A	A THE LODGE				
ADDRESS JCT.RTE	.16 GORE ROAD				
CITY/TOWN: WEE	STER	STATE: MA	ZIP COD	E: 01570	
MANAGER: MOU	SSA, ELIAS T	YPE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I					
		RS ON FIRST AND SE PARATE LEVEL. ON			NID.
		ANCE, MAIN ENTRA			
ON RTE 16 AND KI			•		
I hereby certify and sy	wear under penalti	es of perjury that:			
1. the renewe	ed license will be o	of the same type for the	same premises	s now licensed;	
2. the license	e has complied wi	th all laws of the Com	monwealth rela	ting to taxes; and	
3. the premis	es are now open fo	or business (If not expl	ain below)		
SIGNED BY:	Individual, Partn	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA	
			(Note: <u>NC</u>	<u>OT</u> Individual Social S	Security Number)
Acts of 2004, signed	by the building i	re in possession (1) th nspector and the head or liability insurance i	d of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					
D. 111.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	EK: 134200015		CITY OR TOW	N WEDSIER	
APPLICATION F	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: CP TOWNLI	NE,INC.			
DOING BUSINES	SS A				
ADDRESS 29 MA	AIN STREET				
CITY/TOWN: W	EBSTER	STATE: MA	ZIP CODE:	01570	
MANAGER: PI	ON,KURT A.	TYPE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION O	F LICENSED PR	EMISES:			
		LOOR WITH DIVIDERS ENT, STORAGE AREA			
I hereby certify and	d swear under pen	nalties of perjury that:			
1. the rene	ewed license will	be of the same type for the	e same premises n	ow licensed;	
2. the lice	nsee has complied	d with all laws of the Com	monwealth relatir	ng to taxes; and	
3. the pres	mises are now ope	en for business (If not expl	ain below)		
SIGNED BY:					
	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP	PHONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersign	ned, attest that w	ve are in possession (1) th	ne certificate req	uired by Chapt	er 304 of the
Acts of 2004, sign	ned by the buildi	ng inspector and the hea	d of the fire depa	artment for the	above named
license and (2) th	e certificate of li	quor liability insurance i	required by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex	nlain)				
(II disappioved ex	piani)				
			_		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134200016		CITY OR TO	WN WEDSIER	•
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	TALIA, INC				
DOING BUSINESS A	TAL PLAC	Е			
ADDRESS 138 LAKE	E ST.				
CITY/TOWN: WEB	STER	STATE: MA	ZIP CODE	E: 01570	
MANAGER: MANZ	ZI, SERGIO	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PRI	EMISES:			
THREE ROOMS ON BLDG ADDITION C		LOOR, CELLAR FOR S CK.	STORAGE, OF A	TWO STORY	FRAME
I hereby certify and sw	ear under pena	alties of perjury that:			
1. the renewed	d license will b	be of the same type for th	e same premises	now licensed;	
2. the licensee	has complied	with all laws of the Com	nmonwealth relati	ng to taxes; and	
3. the premise	es are now open	n for business (If not exp	lain below)		
SIGNED BY:					
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:		OYER IDENTIFICAT	
			(Note: NO		Security Number)
We the undersigned.	attest that w	e are in possession (1) t	he certificate red	quired by Chapt	ter 304 of the
		ng inspector and the hea			
license and (2) the ce	rtificate of liq	quor liability insurance	required by Cha	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	\neg		By:		
DISAPPROVED:					
(If disapproved explain	11)				
DATE:					
DITTE.					



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LICENSE NUMB	ER: 134200018		CITY OR TOWN WEBS	TER
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAMI DOING BUSINES ADDRESS POINT		PAVILION INC.		
CITY/TOWN: W		STATE: MA	ZIP CODE: 01570	
MANAGER: DU		YPE OF LICENSE: Re		XY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION O	F LICENSED PREM	IISES:		
		CHEN AND OFFICE R DECK AND PATIO	S ON FIRST FLOOR, STORA).	AGE IN
I hereby certify and	d swear under penalti	es of perjury that:		
1. the rene	ewed license will be o	of the same type for the	e same premises now licensed;	
2. the lice	nsee has complied wi	th all laws of the Com	monwealth relating to taxes; a	nd
3. the prei	nises are now open for	or business (If not exp	lain below)	
SIGNED BY:	Individual, Partn	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, sign	ned by the building i	inspector and the hea	ne certificate required by Ch ad of the fire department for required by Chapter 116 of t	the above named
Please Check Below:	_		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	ріаіп)			
DATE:				
APPLICATION FOR REN	IEWAL MUST BE FILED BY	LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 13	8 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: Annual	LICENSED EOD 2012
	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: LIBERTY REST. OF WEBSTER, INC.	
DOING BUSINESS A	
ADDRESS 103 NO. MAIN ST.	
CITY/TOWN: WEBSTER STATE: MA	ZIP CODE: 01570
MANAGER: MAYES, RONALD TYPE OF LICENSE:Restaur	rant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL A	ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR OF A THREE STORY FRAME BLDG, CELLAR	FOR STORAGE
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the sam	_
2. the licensee has complied with all laws of the Commony	_
3. the premises are now open for business (If not explain b	pelow)
SIGNED BY:	065
Individual, Partner or Authorized Corporate	e Officer
DATE: TELEDIJONE NUMBED.	EMPLOYER IDENTIFICATION NUMBER:
TELEPHONE NUMBER:	
	•
license and (2) the certificate of liquor liability insurance requi	
Please Check Below:	OCAL LICENSING AUTHORITY
APPROVED: B	By:
DISAPPROVED:	
(If disapproved explain)	_
_	_
DATE:	
We the undersigned, attest that we are in possession (1) the cer Acts of 2004, signed by the building inspector and the head of license and (2) the certificate of liquor liability insurance requi	(Note: NOT Individual Social Security Number) rtificate required by Chapter 304 of the the fire department for the above named ired by Chapter 116 of the Acts of 2010. COCAL LICENSING AUTHORITY



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LICENSE NUMBI	EK: 134200023		CITYC	JK TOWN	WEDSIER	L
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	E: BOOSTERS A	THLETIC CLUB OF	WEBSTER	R, INC.		
DOING BUSINES	SS A					
ADDRESS 215 NO	O. MAIN ST.					
CITY/TOWN: W	EBSTER	STATE: M	A ZIP	CODE:	01570	
	ZYSTAS, CHAEL R.	ΓΥΡΕ OF LICENSE:	Club	Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOU	JR EMAIL ADDRI	ESS		_
DESCRIPTION O	F LICENSED PRE	MISES:				
	N THE FIRST FLO OF A TWO STOR	OOR, CELLAR FOR CY FRAME BLDG	STORAGE 1	PLUS TW	O ROOMS (ON
I hereby certify and	d swear under penal	Ities of perjury that:				
1. the rene	ewed license will be	e of the same type for	the same pro	emises now	licensed;	
2. the licer	nsee has complied v	with all laws of the Co	ommonwealt	th relating to	taxes; and	
3. the prer	nises are now open	for business (If not e	xplain belov	v)		
-						
SIGNED BY:						
	Individual, Par	tner or Authorized Co	orporate Offi	icer		
			Г			
DATE:	TELEPH	IONE NUMBER:		EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(N	ote: NOT Ind	lividual Social S	ecurity Number)
Acts of 2004, sign	ned by the building	are in possession (1) g inspector and the h nor liability insurance	ead of the f	fire departı	ment for the	above named
Please Check Below:	e cerunicate or niqu	ioi nabinty msuranc	_	_		
APPROVED:	7			AL LICENS	SING AUTH	JRII Y
DISAPPROVED:			By:			
(If disapproved exp	plain)					
DATE:						
	IEWAL MIIST RE EII ED I	BY LICENSEES DURING TH	IE MONTH OF N	NOVEMBED (M	GI Ch 138 ¢ 14	<u></u> 6Δ)
ATTECATION FOR KEN	THAT MOST BE LIFED	ST PICEUSEPS DOVING IL	T MONTH OF I	TO VENTUEN (IV)	130 \$ 10	U1 1 j



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 134200026	(CITY OR TOWN	WEBSTER	
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME:	Eighty Ates Group, I	nc			
DOING BUSINESS	A Bistro Eighty Ates				
ADDRESS 172 Gor	e Rd				
CITY/TOWN: WE	BSTER	STATE: MA	ZIP CODE:	01570	
MANAGER: Dief	fenwierth, TrevorTYPE	E OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEB LICENSED PREMISE		AIL ADDRESS		
I hereby certify and	swear under penalties o	of perjury that:			
1. the renew	ved license will be of th	ie same type for the s	same premises now	licensed;	
2. the licens	see has complied with a	ll laws of the Comm	onwealth relating to	taxes; and	
3. the premi	ises are now open for b	usiness (If not explai	in below)		
SIGNED BY:	Individual, Partner o	or Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Indi	IDENTIFICATI	
Acts of 2004, signe	ed, attest that we are in d by the building insp certificate of liquor lia	ector and the head	of the fire departn	nent for the a	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	RITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	ain)				
•					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 134200027		CITY OR TOW	N WEDSTER	·
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS		N VETS OF WEBS	TER & DUDLE	Y, MA.,INC.	
ADDRESS 30 RAY			an core	0.4.550	
CITY/TOWN: WEF	BSTER	STATE: MA	ZIP CODE:	01570	
MANAGER: JACC	OB, ROBERT J. TYPE	OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		IAIL ADDRESS		
	LICENSED PREMISE: THE FIRST FLOOR, C		RAGE OF A TW	O STORY FRA	AME
I hereby certify and s	wear under penalties of	perjury that:			
	ed license will be of the	• •	-		
	ee has complied with al			g to taxes; and	
3. the premis	ses are now open for bu	siness (If not expla	in below)		
SIGNED BY:	Individual, Partner or	Authorized Corpo	rate Officer		
D. 1707					
DATE:	TELEPHONE :	NUMBER:		YER IDENTIFICAT Individual Social S	
Acts of 2004, signed	l, attest that we are in l by the building inspe ertificate of liquor lia	ctor and the head	of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expla	in)				
(II disapproved expid	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134200	028	CITY OR TOWN	WEBSTER
APPLICATION FOR RENEV	VAL: Annua	LICEN:	SED FOR 2013
	CLASS	3	YEAR
LICENSEE NAME: MANL DOING BUSINESS A MAR	IO'S SHOWPLACE, II		
ADDRESS 147 THOMPSON			
CITY/TOWN: WEBSTER	STATE:	MA ZIP CODE:	01570
MANAGER: CHIELLO, FF A. JR.	RANK TYPE OF LICENS	E:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENSI			
4044 SQUARE FEET, WOO! OFFICE , LOUNGE, BASEM		VO RESTROOMS, 1 DRI	ESSING ROOM,
2. the licensee has co 3. the premises are no SIGNED BY:	e will be of the same type for mplied with all laws of the low open for business (If not much pure particular). Partner or Authorized (Commonwealth relating to explain below)	
DATE: 1	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest Acts of 2004, signed by the license and (2) the certificat	building inspector and the	head of the fire departm	nent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUMBER: 134200030		CITY OR TOWN WEB	STER
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: LAKE PIZZA, IN	NC.		
DOING BUSINESS A			
ADDRESS 39 THOMPSON ROAD			
CITY/TOWN: WEBSTER	STATE: MA	ZIP CODE: 0157	0
MANAGER: SGOURITSAS, TY	YPE OF LICENSE: Rest	caurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
TWO ROOMS ON FIRST FLOOR, CE	ELLAR FOR STORAGE	E OF A ONE STORY BRI	CK BLDG.
2. the licensee has complied wi 3. the premises are now open for SIGNED BY: Individual, Partn		in below)	and
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENT (Note: NOT Individual S	IFICATION NUMBER:
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo	nspector and the head	of the fire department fo	or the above named
Please Check Below:		LOCAL LICENSING A	UTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disapproved explain)			
		· · · · · · · · · · · · · · · · · · ·	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 134200031		CITY OR TO	WN WEDSIE	X
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	NIMZ 17, INC				
DOING BUSINESS	A TALK OF THE	TOWN PUB 7 GRUI	В		
ADDRESS 593 SO.	MAIN ST.				
CITY/TOWN: WEI	BSTER	STATE: MA	ZIP CODE	E: 01570	
	MSYK, TY HAEL F.	YPE OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:		_			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
FIRST FLOOR, CEL	LAR FOR STORA	AGE OF A TWO STO	RY BRICK BLI	DG	
I hereby certify and s	•				
1. the renew	ed license will be o	of the same type for the	e same premises	now licensed;	
2. the license	ee has complied wi	th all laws of the Com	monwealth relat	ing to taxes; and	
3. the premis	ses are now open for	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
			(Note: NO	T Individual Social S	Security Number)
We the undersigned	d attest that we a	re in possession (1) th	e certificate re	anired by Chan	ter 304 of the
		nspector and the hea			
license and (2) the o	ertificate of liquo	r liability insurance i	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	uin)				
D. 4 (TE)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134200032	CITY OR TOWN	WEBSTER
APPLICATION FOR RENEWAL:	nnual LICEN	ISED FOR 2013
C	LASS	YEAR
LICENSEE NAME: 200 SPORTSMEN CLUB, IN	IC.	
DOING BUSINESS A		
ADDRESS SUTTON RD.		
CITY/TOWN: WEBSTER STATE	E: MA ZIP CODE:	01570
MANAGER: HUNT, ARTHUR TYPE OF LIC	ENSE:Club C	ATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND EN	WTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES: TWO ROOMS AND PORCH ON THE FIRST FLO	OD ONE DOOM AND DODA	CH ON SECOND
FLOOR OF A TWO STORY CEMENT BLOCK BI		CH ON SECOND
I hereby certify and swear under penalties of perjury	that:	
1. the renewed license will be of the same ty	pe for the same premises now	licensed;
2. the licensee has complied with all laws of	f the Commonwealth relating t	to taxes; and
3. the premises are now open for business (l	If not explain below)	
SIGNED BY:	. 10 00	
Individual, Partner or Authori	ized Corporate Officer	
DATE: TELEBRIONE NUMBER	EMPLOYE	D IDENTIFICATION NUMBER.
TELEPHONE NUMBE	JIV.	R IDENTIFICATION NUMBER: dividual Social Security Number)
	·	,,
	• (4) (1 (10)	
We the undersigned, attest that we are in possess		
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability in	d the head of the fire depart	ment for the above named
Acts of 2004, signed by the building inspector and	d the head of the fire depart surance required by Chapte	ment for the above named
Acts of 2004, signed by the building inspector an license and (2) the certificate of liquor liability in Please Check Below: APPROVED:	d the head of the fire depart surance required by Chapte	ment for the above named er 116 of the Acts of 2010.
Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability in Please Check Below: APPROVED: DISAPPROVED:	d the head of the fire depart surance required by Chapte LOCAL LICENS	ment for the above named er 116 of the Acts of 2010.
Acts of 2004, signed by the building inspector an license and (2) the certificate of liquor liability in Please Check Below: APPROVED:	d the head of the fire depart surance required by Chapte LOCAL LICENS	ment for the above named er 116 of the Acts of 2010.
Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability in Please Check Below: APPROVED: DISAPPROVED:	d the head of the fire depart surance required by Chapte LOCAL LICENS	ment for the above named er 116 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134200035	'	CITY OR TOWN	WEDSIER	L
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	WIND TIKI, INC.				
DOING BUSINESS A	A				
ADDRESS THOMPS	ON RD.				
CITY/TOWN: WEB	STER	STATE: MA	ZIP CODE:	01570	
MANAGER: WOO	, RICHARD Y.TY	PE OF LICENSE: Rest	aurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:			
ONE FLOOR, ONE I	ARGE ROOM WI	TH PARTIAL DIVIDI	ERS AND STORA	GE ROOM	
I hereby certify and sv	vear under penalties	s of perjury that:			
1. the renewe	d license will be of	the same type for the s	same premises now	licensed;	
2. the license	e has complied with	all laws of the Comm	onwealth relating t	o taxes; and	
3. the premise	es are now open for	business (If not explain	in below)		
-					
SIGNED BY:					
	Individual, Partner	r or Authorized Corpor	rate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
			(Note: NOT Inc	dividual Social S	ecurity Number)
	_				
		e in possession (1) the spector and the head			
		liability insurance re			
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	\neg		By:		
DISAPPROVED:					
(If disapproved explai	n)				
			-		
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 134200037		CITY OR TO	WIN WEDSTEI	X
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: KINSLEY HOSPI	TALITY INC.			
DOING BUSINESS	S A MOHEGAN BO	WL			
ADDRESS					
CITY/TOWN: WE	EBSTER	STATE: MA	ZIP COD	E: 01570	
	ISLEY, TY WARD C.	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:			
TWO ROOMS ANI	D CELLAR FOR STO	ORAGE			
I hereby certify and	swear under penalties	s of perjury that:			
	wed license will be of	• 1			
2. the licens	see has complied with	n all laws of the Con	monwealth relat	ing to taxes; and	
3. the prem	ises are now open for	business (If not exp	olain below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
			(Note: NO	<u>OT</u> Individual Social S	Security Number)
We the undersione	ed, attest that we are	in neggession (1) t	ha aantifiaata na	auired by Chan	ton 201 of the
	ed by the building in				
license and (2) the	certificate of liquor	liability insurance	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:	I		By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 134200038		CITY OR TOWN	WEBSTER	
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS THOMP	A COLONIAL REST	Γ.			
CITY/TOWN: WEI	BSTER	STATE: MA	ZIP CODE:	01570	
MANAGER: MOR	SE,ROBERT C.TYP	E OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		
FOUR ROOMS ON	LICENSED PREMIS THE FIRST FLOOR, R FOR STORAGE O)	THREE ROOMS C			
 the renew the license 	wear under penalties of the dicense will be of the has complied with sees are now open for be	he same type for the all laws of the Comn	nonwealth relating to		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are in the distance of the building inspectificate of liquor be	pector and the head	l of the fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	uin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER:	134200039		CIT	Y OR TOW	MEBSTER	
APPLICATION FOR I	RENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: 1 DOING BUSINESS A ADDRESS WORCES						
CITY/TOWN: WEBS		STATE:	MA	ZIP CODE:	01570	
MANAGER: YING,					CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER Y	OUR EMAIL A	ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	ES:				
FULL LINE KITCHEN ROOM IN BASEMEN THE NORTHERN SIL	T. MAIN ENTRAN	CE WORCES	STER RD,			
I hereby certify and sw	ear under penalties o	of perjury that:				
	l license will be of th	• •		-		
	has complied with a			•	g to taxes; and	
3. the premise	s are now open for b	usiness (If not	explain b	elow)		
SIGNED BY:	Individual, Partner o	r Authorized (Corporate	Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
				(Note: NOT	Individual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed I license and (2) the cer	y the building insp	ector and the	head of t	the fire depa	rtment for the	above named
Please Check Below:			L	OCAL LICE	NSING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved explain	1)		_			
			_			
DATE:			-			
APPLICATION FOR RENEWA	L MUST BE FILED BY LIC	ENSEES DURING	THE MONTH	OF NOVEMBER	(M.G.L. Ch. 138 \$ 10	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134200041	(CITY OR TOWN WEBSTER	L
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20)13
	CLASS		YEAR
LICENSEE NAME: JAROSZ PKG	STORE,INC		
DOING BUSINESS A NIPMUCK L	JQUORS		
ADDRESS 35 THOMPSON ROAD			
CITY/TOWN: WEBSTER	STATE: MA	ZIP CODE: 01570	
MANAGER: ANGELO, STEPHEN	TYPE OF LICENSE: Packs	age Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMA	.IL ADDRESS	_
DESCRIPTION OF LICENSED PRE	EMISES:		
FIRST FLOOR OF A ONE STORY IFOR STORAGE, COOLER AND OF		FRONT ROOM FOR SALES,	BACK
2. the licensee has complied 3. the premises are now open SIGNED BY:		onwealth relating to taxes; and n below)	
Individual, Par	rtner or Authorized Corpora	ate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS:	ORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 134200042		CITY OR TOWN	WEBSTER	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	MARKET BEER & V	VINE INC.			
DOING BUSINESS	A				
ADDRESS EAST M.	AIN STREET				
CITY/TOWN: WEE	STER	STATE: MA	ZIP CODE:	01570	
MANAGER: DZIE	DZIC, SCOTT TYPE	OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISES	S:			
	NCRETE BLOCK BL IN FRONT OF STOR				
	e has complied with all es are now open for bu	siness (If not expla	ain below)	o taxes; and	
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 134200043		C	ITY OR TO	WN	WEBSTER	
APPLICATION FOR	RENEWAL:	Annı	ıal	LIC	CENS	ED FOR 20	013
		CLA	SS				YEAR
LICENSEE NAME:	CHANDU, INC.						
DOING BUSINESS A	A COUNTRY FARMS	1					
ADDRESS 119 EAS	T MAIN STREET						
CITY/TOWN: WEB	STER	STATE:	MA	ZIP CODE	E:	01570	
MANAGER: PATE	L,PRASHANTTYPE	OF LICEN	SE:Packa	ge Store	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:							
I	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAIL	L ADDRESS			1
DESCRIPTION OF I	LICENSED PREMISES	s :					
	ORES IN A STRIP MA MERGENCY EXIT IN				'H ON	NE ENTRAI	NCE IN
	wear under penalties of			LDING			
	ed license will be of the			me nremices	now 1	icensed:	
	e has complied with all			_			
	es are now open for bus				ing to	taxes, and	
3. the premis	es are now open for our	siness (II II	ot explain	ociow)			
SIGNED BY:	Individual, Partner or	Authorized	d Corporat	te Officer			
	inox (industry) and in or	11001101120	. Corpora	0111001			
DATE:	TELEPHONE N	JI IMBER:		EMPLO	OYER	IDENTIFICAT	ION NUMBER:
	TEEEI HOIVE I	VOIVIDEIX.		(Note: <u>NO'</u>	<u>Γ</u> Indi	vidual Social S	ecurity Number)
Di Ci i Di							
Please Check Below: APPROVED:				LOCAL LIC	ENSI	NG AUTHO	ORITY
DISAPPROVED:				By:			
(If disapproved explain	in)						
	•						
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	34200044		CIT	TY OR TOWN	WEBSTER	L
APPLICATION FOR R	ENEWAL:	Annu	al	LICEN	SED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: S DOING BUSINESS A	MINI MART	/ASILIOS				
ADDRESS 56 MAIN S						
CITY/TOWN: WEBS	TER	STATE:	MA	ZIP CODE:	01570	
MANAGER:	TY	PE OF LICEN	SE:Package	e Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMI	SES:				
FIRST FLOOR OF A T	WO STORY BL	DG WITH CEI	LLAR FOR	STORAGE		
I hereby certify and swe	ar under penalties	s of perjury tha	t:			
1. the renewed	license will be of	the same type	for the sam	e premises now	licensed;	
2. the licensee	has complied with	all laws of the	Commony	wealth relating to	taxes; and	
3. the premises	are now open for	business (If no	ot explain b	elow)		
SIGNED BY:						
	ndividual, Partner	r or Authorized	Corporate	Officer		
DATE:	TELEBUON	IE NII MDED.		EMPL OVER		TION NUMBER:
211121	TELEPHON	IE NUMBER:		(Note: NOT Ind		
				`		
Please Check Below:			L	OCAL LICENS	ING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved explain))		-			
			=			
DATE:			=			
DAIL.						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1342000)45	CITY OR TOWN WEBSTE	ER
APPLICATION FOR RENEW	Annual Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: DALLA	S HILL CORPORATION		
DOING BUSINESS A WEBS	TER WINE & LIQUOR		
ADDRESS 057-59 MAIN STE	REET		
CITY/TOWN: WEBSTER	STATE: MA	ZIP CODE: 01570	
MANAGER: GORDON, CU T.	TRTIS TYPE OF LICENSE:Pa	ackage Store CATEGORY	7: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
ONE STORY BLDG DIVIDE REAR AREA FOR STORAGE		NT FOR RETAIL OPERATION MAIN ST	AND
	w open for business (If not exp	nmonwealth relating to taxes; and plain below)	1
	ual, Partner or Authorized Corp	porate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134200049	CI	ΓY OR TOWN	WEBSTER	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: WEBSTER FISH AND	GAME ASSOCIAT	TION, INC.		
DOING BUSINESS A				
ADDRESS 00204A GORE RD				
CITY/TOWN: WEBSTER S	TATE: MA	ZIP CODE:	01570	
MANAGER: PIETTE, JAMES TYPE OF	FLICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
THREE ROOMS AND PORCH ON THE FIRE CELLAR FOR STORAGE AND THE OUTSI				
I hereby certify and swear under penalties of pe	rjury that:			
1. the renewed license will be of the sa	me type for the sam	e premises now	licensed;	
2. the licensee has complied with all la	ws of the Common	wealth relating to	taxes; and	
3. the premises are now open for busin	ess (If not explain b	elow)		
SIGNED BY:				
Individual, Partner or A	uthorized Corporate	Officer		
D.1777				
DATE: TELEPHONE NU	MBER:		IDENTIFICATI	
		(Note: NOT Ind	ividuai Sociai Se	ecurity Number)
We the undersigned, attest that we are in po				
Acts of 2004, signed by the building inspectolicense and (2) the certificate of liquor liabil				
Please Check Below:	L	OCAL LICENS	ING AUTHO	ORITY
APPROVED:		y:		
DISAPPROVED:				
(If disapproved explain)	-			 ,
	-			
DATE:	_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 134200050		CITY OR TOWN W	EDSTER
APPLICATION FOR	RENEWAL:	Annual	LICENSEL	O FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A		ORS		
ADDRESS 94 E. MA	IN ST.& HILLSI	DE		
CITY/TOWN: WEE	STER	STATE: MA	ZIP CODE: 0	1570
MANAGER: EDD'A.	Y, HOWARD T	YPE OF LICENSE: Pa	ackage Store CATE	EGORY: All Alcohol
EMAIL ADDRESS:				
I	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF I				
2 ROOMS ON FIRST I hereby certify and sy		E,WALK IN COOLEI	RS	
 the renewe the license 	ed license will be one has complied with	of the same type for th	e same premises now lice amonwealth relating to tax lain below)	
SIGNED BY:	Individual, Partn	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO	ONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING By:	G AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134200058	C	CITY OR TOWN	WEBSTER	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 201	3
	CLASS		Y	YEAR
LICENSEE NAME: TAIWAN DELIGI	HT,INC.			
DOING BUSINESS A CHINA DELIGH	IT			
ADDRESS 129 EAST MAIN ST				
CITY/TOWN: WEBSTER	STATE: MA	ZIP CODE:	01570	
MANAGER: CHEN, KSIA LIEN TY	PE OF LICENSE: Resta	urant CA		Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICENSED PREMIS				
TWO ENTRANCES AND EXITS, TWE	ELVE TABLES TO ACC	COMODATE 45-5	50 PATRONS	
 the renewed license will be of the licensee has complied with the premises are now open for 	all laws of the Commo	nwealth relating to		
SIGNED BY:				
SIGNED BY: Individual, Partner	r or Authorized Corpora			
	r or Authorized Corpora			
Individual, Partner	r or Authorized Corpora	te Officer	IDENTIFICATIO	
Individual, Partner	NE NUMBER: e in possession (1) the cospector and the head o	te Officer EMPLOYER (Note: NOT Indivertificate require	ividual Social Sec ed by Chapter nent for the a	eurity Number) 204 of the bove named
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below:	NE NUMBER: e in possession (1) the c spector and the head o liability insurance req	te Officer EMPLOYER (Note: NOT Indivertificate require	ed by Chapter nent for the a	304 of the bove named cts of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below: APPROVED:	NE NUMBER: e in possession (1) the cospector and the head of liability insurance req	EMPLOYER (Note: NOT Indivertificate requires of the fire department	ed by Chapter nent for the a	304 of the bove named cts of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	NE NUMBER: e in possession (1) the cospector and the head of liability insurance req	EMPLOYER (Note: NOT Indivertificate require f the fire departmuired by Chapter	ed by Chapter nent for the a	304 of the bove named cts of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below: APPROVED:	NE NUMBER: e in possession (1) the cospector and the head of liability insurance req	EMPLOYER (Note: NOT Indivertificate require f the fire departmuired by Chapter	ed by Chapter nent for the a	304 of the bove named cts of 2010.
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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1342	00059	CITY OR TOWN WEBSTE	ER .
APPLICATION FOR REN	EWAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
	C'S SHELL SERVICE, INC. AC'S AUTO REPAIR & CONVEN N ST	NIENCE STORE	
CITY/TOWN: WEBSTER	R STATE: MA	ZIP CODE: 01570	
MANAGER: IWANSKI, FRANCIS	TYPE OF LICENSE:Pa	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICEN	ISED PREMISES:		
1200 SQ. FT. CONVENIE	NCE STORE 2 COOLERS LOCA	ATED ON WEST SIDE OF STO	RE.
2. the licensee has	nse will be of the same type for the complied with all laws of the Connow open for business (If not exp	nmonwealth relating to taxes; and	I
	vidual, Partner or Authorized Corp	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 134200063		CITY OR TOWN	WEBSTER	
APPLICATION F	OR RENEWAL:	Annual	LICENS	ED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAMI	E: THAI INTER	RNATIONAL CORP.			
DOING BUSINES	SS A THAI CUIS	INE			
ADDRESS 267 M	AIN STREET				
CITY/TOWN: W	EBSTER	STATE: MA	ZIP CODE:	01570	
	MSIRANUNT, LEC P	TYPE OF LICENSE:R	estaurant CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:	-			
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O					
		AP BATHROOMS, FRO TT, SIDE ENTRANCE T		EXIT, FROM	NT
 the rene the lice 	ewed license will insee has complied	nalties of perjury that: be of the same type for the divith all laws of the Conen for business (If not exp	nmonwealth relating to		
	Individual, Pa	artner or Authorized Corp	porate Officer		
DATE:	TELEP	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indiv	IDENTIFICATI	
Acts of 2004, sign	ned by the buildi	re are in possession (1) t ng inspector and the hea quor liability insurance	ad of the fire departm	ent for the a	bove named
Please Check Below:	_		LOCAL LICENSI	NG AUTHO	RITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	plain)				
. 11	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	34200065		CITY OR TOWN	WEBSTER	8
APPLICATION FOR RI	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: A	RTSON INC				
DOING BUSINESS A	GOLDEN GREEK R	ESTAURANT			
ADDRESS 156 LAKE S	STREET				
CITY/TOWN: WEBST	TER	STATE: MA	ZIP CODE:	01540	
MANAGER: NADEA	U, WAYNE TYPE (OF LICENSE: Re	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LIC	SE ALSO VISIT OUR WEBSTI ENSED PREMISES		CMAIL ADDRESS		
2. the licensee h	ar under penalties of picense will be of the last complied with all are now open for bus	same type for the laws of the Com	monwealth relating t		
SIGNED BY:	ndividual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:			TION NUMBER: Security Number)
We the undersigned, at Acts of 2004, signed by license and (2) the cert	the building inspec	tor and the hea	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	.: 134200066		CITY OR TOW.	N WEDSIE	K
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	FREDO'S RESTAU	RANT, INC			
DOING BUSINESS	A MICHAEL'S PLAC	CE BAR & RESTA	URANT		
ADDRESS 141 WO	RCESTER RD				
CITY/TOWN: WEI	BSTER	STATE: MA	ZIP CODE:	01570	
MANAGER: NIEN	MSZYK, TRACITYPI	E OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI LICENSED PREMISI		MAIL ADDRESS		
I hereby certify and s	wear under penalties of	of perjury that:			
•	ed license will be of the		same premises no	ow licensed;	
2. the license	ee has complied with a	all laws of the Com	monwealth relating	g to taxes; and	
3. the premis	ses are now open for b	ousiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOY	YER IDENTIFICA	TION NUMBER:
			(Note: NOT	Individual Social	Security Number)
Acts of 2004, signed	d, attest that we are i d by the building inspectificate of liquor li	pector and the hea	d of the fire depa	rtment for the	e above named
Please Check Below:			LOCAL LICE	NSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	111)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	4200068		CITY OR TOWN	WEBSTER	
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME: M	JF ENTERPRIS	ES INC.			
DOING BUSINESS A \	VEBSTER GU;I	3			
ADDRESS 137 EAST M	IAIN STREET				
CITY/TOWN: WEBST	ER	STATE: M	A ZIP CODE:	01570	
MANAGER: FURA, N	IARY J. TY	PE OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LIC					
CONVENIENCE STOR IN REAR OF BUILDING		N ENTRANCES A	AND EXITSONE EX	IIT(FIRE ESC	CAPE)
3. the premises a SIGNED BY:	are now open for	business (If not ex-		raxes, and	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134200069		CITY OR TOWN	WEDSIE	X
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 415431	SOUTH MAIN STR	EET			
CITY/TOWN: WEB	STER	STATE: MA	ZIP CODE:	01570	
MANAGER: NAYI N	FEH,CHASSA TYP	E OF LICENSE: Pa	ackage Store (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
CONVENIENCE STO	ORE WITH MINI M	ARKET 1 ENTRA	NCE AND EXIT I	N FRONT OF	STORE
	e has complied with a es are now open for b	ousiness (If not exp	lain below)	to taxes; and	
DATE:	TELEPHONE	E NUMBER:			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 134200070		CITY OR TOWN	WEDSIER		
APPLICATION FO	R RENEWAL:	Annual	LICEN	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME:	NORBAH INC.					
DOING BUSINESS	A MY BROTHERS	S' PLACE				
ADDRESS 144 GO	RE ROAD					
CITY/TOWN: WE	EBSTER	STATE: MA	ZIP CODE:	01570		
MANAGER: HEN L.	NLEY, BARRY TY	PE OF LICENSE: Res	taurant C	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS			
	LICENSED PREMI					
	OMMERCIAL BUIL					
	swear under penaltie					
		f the same type for the				
	•	h all laws of the Comn	٥	o taxes; and		
3. the prem	ises are now open for	r business (If not expla	in below)			
SIGNED BY:			OST			
	Individual, Partne	r or Authorized Corpo	rate Officer			
DATE						
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
			(140te. <u>1401</u> III	iividuai Sociai S	security Number)	
Acts of 2004, signe	d by the building in	e in possession (1) the aspector and the head cliability insurance re	of the fire depart	ment for the	above named	
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE.						
DATE:						



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LICENSE NUMBE	R: 134200071		CITY OR TOWN	WEBSTER	t .	
APPLICATION FO	ON FOR RENEWAL: Annual LICENSED FO				R 2013	
		CLASS			YEAR	
LICENSEE NAME	: EASTERN PEAR	L,LLC				
DOING BUSINESS	S A EASTERN PEA	RL				
ADDRESS 290 MA	IN STREET					
CITY/TOWN: WE	EBSTER	STATE: MA	ZIP CODE:	01570		
MANAGER: WA	NG,JIE QIONG TY	PE OF LICENSE: Re	estaurant C	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	CMAIL ADDRESS		_	
DESCRIPTION OF	LICENSED PREMI	SES:				
BRICK BLSG.ADJ	ACENT PARKING I	LOT APPROX 3,000	SQ. FT. INTERIOR	R SPACE.		
I hereby certify and	swear under penaltie	s of perjury that:				
	wed license will be of	• •				
2. the licens	see has complied with	n all laws of the Com	monwealth relating t	o taxes; and		
3. the prem	ises are now open for	business (If not exp	lain below)			
SIGNED BY:						
	Individual, Partne	r or Authorized Corp	orate Officer			
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:			
			(Note: NOT Individual Social		al Security Number)	
We the undersigne	ed, attest that we are	o in noggoggion (1) th	sa aantifiaata naasiin	ad by Chant	on 204 of the	
	ed by the building in					
	certificate of liquor					
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	lain)		-			
DATE:						
	NATION DE LA COMPANION DE LA C	TOENGEEG DANNA	MONTH OF NOVEMBER 2	4 G 1 G 100 6 1		
APPLICATION FOR RENE	WAL MUST BE FILED BY I	LICENSEES DURING THE N	AONTH OF NOVEMBER (N	1.G.L. Ch. 138 \$ 10	5A)	